

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Address

3:15-1020 DE# 3
U.S. Attorney's Office
110 9th Ave. S. # A961
Nashville, TN 37203

2. Article Number

(Transfer from service label)

7014 1820 0000 3493 4666

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery

10/23/15

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☒ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

RECEIVED
CLERK'S OFFICE
OCT 23 2015
U.S. DISTRICT COURT
MID. DISTRICT OF TENN.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

CLERK, U.S. DISTRICT COURT
SUITE 800, 801 BROADWAY
NASHVILLE, TN. 37203

